

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Kenton House

70 Draycott Avenue, Kenton, Harrow, HA3 0BU

Tel: 02089076711

Date of Inspection: 26 September 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Abbeyfield Society
Registered Manager	Mrs. Manjit Kaur Laute
Overview of the service	Kenton House is a care home that provides personal care and accommodation for up to eleven people. It is located close to amenities and transport facilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Meeting nutritional needs	8
Safeguarding people who use services from abuse	9
Management of medicines	10
Staffing	11
Assessing and monitoring the quality of service provision	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

People told us they received the care they needed and wanted and spoke positively about the staff that supported them. People approached staff without hesitation and staff supported people in a friendly, sensitive and professional manner. Staff knew about their roles and responsibilities in meeting the varied needs of people who use the service.

People had been involved in the assessment of their needs and their recorded plan of care. We saw care provided to people had been monitored and the health care needs of people had been met. People's likes, dislikes, preferences and goals were considered in relation to the care and support that they received.

People spoke about the activities they participated in and enjoyed. We saw people took part in a range of leisure activities.

People told us they made decisions about their lives. We saw people make a number of choices. These included deciding what they wanted to eat and what they wanted to do. These choices were respected by staff.

People told us they felt safe and knew who to talk to if they had any worries or concerns. Policies and staff safeguarding training protected people from abuse.

There were systems in place to monitor and make improvements to the service provided to people.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

During our visit we saw staff interacted with people in a respectful manner. Staff supported and encouraged people to make a number of choices. These included deciding what they wanted to, and what they wanted to drink and eat. People confirmed they were supported to make decisions about their lives and they told us that they were involved in the development of their care plans. We saw that people's decisions were respected.

Comments from people included "I am settling in nicely", "I have been asked about the care that I want", and "I feel involved in decisions about my care, staff ask me what I want".

People informed us they had their privacy needs met. Staff knocked on people's bedroom doors and closed bathroom and bedroom doors when they supported people with their personal care needs. People were not rushed. Staff had knowledge and understanding about the importance of respecting people's dignity, privacy and confidentiality.

Care plans included information about people's 'likes and dislikes', care needs and choices. They outlined the support people needed and included details of people's individual preferences regarding their care. These records were focused on people as individuals. They described a life history and included significant life events. These records showed how people and their families had been involved in discussions about their care and treatment and had been encouraged to tell staff about the things and people who were important to them. Staff told us this helped them to understand people's needs and wishes with regard to their care.

People told us they had received information about the service and had the opportunity to visit the home prior to making the decision whether to move in or not. A person using the service told us "I booked myself in, I received lots of information to help me decide whether to live here, and I made several visits before moving in".

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The home had a calm atmosphere. People confirmed that staff were kind and approachable and provided them with the care and support that they needed in the way that they wanted. We saw signs of 'well being'. People were seen to be relaxed, they smiled and talked freely with staff. We saw people taking part in a variety of activities. People told us, and "we play cards and dominoes, which we enjoy", "we do exercises" "I go out into the garden when it is nice" and "we have lots of games to play". People told us they had access to a hairdresser.

People told us they were asked about their religious and cultural needs. Staff informed us people's birthdays and a number of religious festivals were celebrated in the home.

Staff and care plan's told us people's needs were assessed and their care and support was planned and delivered in line with their care plan. We saw people's care plans had been regularly reviewed with involvement from the person using the service. Staff confirmed they read people's care plans and reported to the manager when people's needs altered. Staff told us they followed the information written in the care plans. People and records told us people using the service had access to health and social care professionals including doctors, opticians, chiropodists and social workers.

Care staff told us that they were fully involved in completing people's daily records and other monitoring records. Risk assessments had been completed for a selection of areas including falls, nutrition and deterioration in skin condition, and had been reviewed at appropriate intervals. This indicated risks had been identified and guidance put in place to make sure people were safe. We saw that people were provided with pressure relieving equipment when at risk of developing a pressure sore.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration

Reasons for our judgement

We saw people eating breakfast and lunch. The atmosphere during the meals was relaxed and sociable. People spoke with each other throughout the meals and told us they enjoyed the food provided and could choose what they wanted to eat. We saw a person was given assistance with their meal. This was provided in a professional and sensitive manner. Comments from people included "we can get snacks any time", "I receive the food that I like", "It's very nice" "It's lovely" and "I like the food".

Fresh fruit and vegetables were available. The cook told us snacks could be provided for people at anytime. People confirmed this. The cook told us she had received appropriate training and that she was kept informed by staff about each person's individual dietary needs. She asked people about their food preferences. The cook spoke about the importance of people receiving the food they enjoyed. People confirmed they had been asked about their food preferences and their cultural dietary needs and these had been recorded in their care plan and were provided by the home.

People had their nutritional needs assessed and those at risk of malnutrition, including poor hydration and weight loss or gain were monitored closely. Staff told us referrals via a GP to a dietician or other healthcare professionals would be made if required. Staff we spoke with had a good understanding of the nutritional needs of the people they supported.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People spoke positively about living in the home and told us they felt safe. They confirmed that staff were approachable and listened to them. They knew who to speak to if they had a worry or a concern.

The home had a safeguarding policy and information about protecting people from abuse. Staff told us that they had received training about safeguarding people. It was evident from speaking to staff they were clear about reporting to the manager if they became aware of an allegation or suspected abuse.

Staff confirmed appropriate staff recruitment checks had been carried out. This meant unsuitable staff were not employed in the home. We saw the provider had recently checked that staff recruitment records were in order.

We saw from records and from speaking to staff that they had received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The manager informed us that she would ensure that mental capacity assessments and records of best interest decisions would be in place for those who did not have the capacity to make a decision with regard to their safety about leaving the home without staff or family support.

We saw people moved freely within the home and garden. They went in and out of their bedrooms whenever they wanted. A person told us they could go out on her own if she wished to and could lock their bedroom door.

People living in the home either managed their own money or had support from relatives or the local authority. We were told that there were robust systems in place to ensure that people's finances were protected.

Systems were in place to report, record and monitor incidents and accidents.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We observed people being given medication. Staff administered medication to people in a safe and unhurried manner. They explained what the medication was, offered people a drink with their medication and waited until they had swallowed it.

People confirmed they received the medication they needed. A person told us they administered their own medication. The person's care plan included an assessment of the person's ability to administer their own medication. Staff told us they monitored this closely.

There were appropriate systems in place to ensure that people's medication was stored and administered safely. We looked at some people's medication administration records. These were up to date, with no gaps in recording, and we saw people received their medication at the prescribed time. The manager told us staff checked the medication administration records on a daily basis to ensure people had received their prescribed medication. People's medication needs were recorded in their care plan.

The manager told us staff received medication training from a pharmacist and an assessment of competency was carried out prior to staff administered medication to people.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs

Reasons for our judgement

People who use the service indicated that they were happy with the staff that supported them. Staff responded promptly and respectfully when people asked for assistance. We noted that staff communicated by signs and gestures with a person using the service. This meant staff had a good understanding of people's varied communication needs.

People spoke positively about the staff. Comments included "They (staff) are so kind", "they help me" and "we are looked after very well".

A visitor spoke very positively about the staff and confirmed they were kept well informed about the progress of the person using the service. The visitor told us "the staff are wonderful", and "it is excellent here".

The manager told us staffing levels in the home were based on the dependency needs of people. We were told that until early in the week of our inspection there had been three people using the service some of who had needed minimal support from staff. On the day of our inspection there were five people using the service. Two people were observed to require significant support from staff. There was one care staff and the cook on duty when we entered the home. The manager arrived at the home within a few minutes. She told us she was in the process of reviewing the staff numbers on each shift, and would be providing two care staff on duty during the day. The day following the inspection the manager confirmed that there were two care staff on duty and was confident that people's needs were being met by sufficient numbers of skilled and experienced staff.

Staff confirmed they received the training and support they needed to carry out the roles and responsibilities of their job in caring and supporting people.

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Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People told us staff asked them for their views about the care and the service provided by the home. Care plan records confirmed that people had the opportunity to regularly provide feedback. We saw that a senior manager from the organisation regularly visited the home and carried out checks of the quality of the service. During his recent visit he had asked people about their views of the service. The manager told us that she would be supplying people and their relatives with feedback questionnaires. People told us, "I have been told to regard it as my home", "it's very comfortable here, I am delighted", and "we are asked how we are".

Care and support records detailed all aspects of people's lives and identified how staff should safely and effectively support people.

People confirmed that staff were approachable and they could talk to them about any matters to do with the home and these were responded to appropriately. The manager told us she spent time in the home talking with people about the service they received. We saw care staff constantly asking people how they were and we noted they responded quickly and appropriately when people requested anything.

The manager told us she had planned regular resident's meetings. This meant people had the opportunity to express their views about the service and be informed about issues to do with the home.

Staff told us that regular staff meetings take place so they had the opportunity to communicate their views about the service and to discuss the care and support needs of people using the service.

The provider had auditing systems in place to assess and monitor the quality of the service provided to people.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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